



18700 West Bluemound Rd | Brookfield, WI 53045  
(262) 786-8771 | Email: [iscebs@iscebs.org](mailto:iscebs@iscebs.org)

## Personal Profile of International Society of Certified Employee Benefit Specialists Governing Council Nominee

In order to validate the ISCEBS Governing Council nomination, the following profile information should be returned to the nominator prior to July 15, 2025 for their submission to the International Society as an attachment to the nomination form.

This information will be reviewed by the Nominating Committee to evaluate the qualifications, credentials and contributions to the employee benefits field of all individuals nominated for the Governing Council.

Each Governing Council member is elected for a three-year term. If subsequently elected to serve as an officer, the term of service will extend beyond three years. A Governing Council member is expected to attend approximately three meetings per year. Governing Council members are reimbursed for their travel and out-of-pocket expenses in accordance with International Society policy.

More details on Governing Council responsibilities can be found on the Society website at [www.iscebs.org/governance](http://www.iscebs.org/governance).

### Nominee information (Please print clearly.)

First name of person nominated \_\_\_\_\_ Last name \_\_\_\_\_

Employer \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_ ☐ Business ☐ Home

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ ZIP/Postal code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Year in which CEBS designation, or GBA or RPA distinction was attained \_\_\_\_\_

How many years have you been a Society member? \_\_\_\_\_

I am willing to serve on the Governing Council of the International Society and submit this information for your consideration.  
To the best of my knowledge, I certify that this information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## I. SOCIETY CONTRIBUTIONS

1. **Board of Directors (Governing Council) and Committees:** List past and present offices or positions of responsibility held.
  
  
  
  
  
  
  
  
  
  
2. **Local Chapter Affiliation:** List offices or positions of responsibility held. Describe any other contributions to a local chapter.
  
  
  
  
  
  
  
  
  
  
3. **Symposium Participation:** Indicate Symposium attendance. Also please indicate participation as a session speaker, moderator, etc.  
  

<input type="checkbox"/>	2024	Nashville, Tennessee	<hr/>
<input type="checkbox"/>	2023	Seattle, Washington	<hr/>
<input type="checkbox"/>	2022	Toronto, Ontario	<hr/>
<input type="checkbox"/>	2019	New Orleans, Louisiana	<hr/>
<input type="checkbox"/>	2018	Boston, Massachusetts	<hr/>

  
**Additional Comments:**
  
  
  
  
  
  
  
  
  
  
4. **CEBS Compliant** as of January 1, 2025  
  

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
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5. **Describe Other Contributions:** Include contributions to the Society or the CEBS® program such as articles published in *Benefits Quarterly* or *NewsBriefs*, as a CEBS instructor or as a virtual presenter. Also include any activities on behalf of the CEBS program undertaken outside of the Society or local chapter.

## II. PROFESSIONAL AND CIVIC CONTRIBUTIONS

**Employee Benefit Industry, Community and/or Social Organizations:** List names of organizations, offices or positions of responsibility held. Describe your role in these organizations.

## III. RECENT BUSINESS EXPERIENCE

1. Date of Experience from \_\_\_\_\_ to \_\_\_\_\_  
Name of Company \_\_\_\_\_  
Title \_\_\_\_\_  
Business Address \_\_\_\_\_  
Primary Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Date of Experience from \_\_\_\_\_ to \_\_\_\_\_  
Name of Company \_\_\_\_\_  
Title \_\_\_\_\_  
Business Address \_\_\_\_\_  
Primary Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### IV. Additional Information

Please explain why you would like to serve on the Governing Council and what contributions and perspectives you could share (500-word maximum).

#### Ongoing Education

List other professional designations, industry courses, certificates, etc.



[www.iscebs.org](http://www.iscebs.org)



Email this completed profile with the signed nomination form to [iscebs@iscebs.org](mailto:iscebs@iscebs.org)



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Brookfield, WI 53045



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